Ministry of Health

2017/18 – 2019/20 SERVICE PLAN

February 2017

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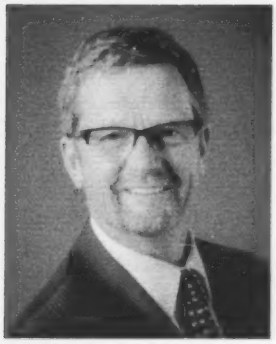
Minister
Accountability Statement



The *Ministry of Health 2017/18 - 2019/20 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

Honourable Terry Lake
Minister of Health

February 9, 2017

Table of Contents

Minister Accountability Statement **3**

Purpose of the Ministry **5**

Strategic Direction and Context **6**

Goals, Objectives, Strategies and Performance Measures 7

Resource Summary **17**

Resource Summary Table 17

Health Authority Income Statement Resource Summary 18

Major Capital Projects 19

Significant IT Projects 25

Appendices **26**

Appendix A: Ministry Contact Information 26

Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. The Ministry is responsible for provincial legislation and regulations related to health care, including the *Medicare Protection Act* and the *Health Professions Act*. The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of specialized services and province-wide health programs. The BC Clinical and Support Services Society provides the governance structure for both clinical (laboratory) and non-clinical (shared business) services in the health system. The Ministry also works in partnership with the First Nations Health Authority to improve the health status of First Nations in British Columbia.

Strategic Direction and Context

Strategic Direction

The Ministry of Health receives its strategic direction from clearly identified government priorities set forth in the government strategic plan and the Minister's Mandate Letter. This direction, along with *Setting Priorities for the B.C. Health System* and subsequent policy papers, guide the strategic and operational priorities for the delivery of health services across the province.

Successfully achieving the Ministry's strategic vision requires close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders. This collaborative approach aligns with the *Taxpayer Accountability Principles*, which strengthens two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies.

Strategic Context

British Columbians enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social and economic factors that influence their health and the quality of the health care system. Every day, the health care system balances financial sustainability with quality, enabling thousands of successful interactions that demonstrate excellent results in a number of areas such as maternity care, acute care, critical and trauma care, cancer care, elective surgeries and diagnostic services. While progress in improving services across a range of areas over the past several years has been made, challenges do persist.

A growing subset of British Columbians is living with illness, disability and frailty, highlighting the need for appropriate care models for high need populations (including frail elderly and those with complex chronic conditions). Emergency rooms remain overcongested, and most medium and large hospitals operate consistently at capacity levels close to and over 100 per cent. Wait times for many procedures have not declined despite increases in volumes of completed elective surgeries. Gaps remain in the continuum of mental health services for children and youth, as well as for some adult patients with moderate to severe mental illnesses and/or addictions. Improved access to coordinated, comprehensive and quality health care services across rural and remote communities is required. Addressing service areas that have remained problematic and resistant to successful resolution, despite significant effort, in addition to building on what is working well, will remain key areas of focus over the coming years.

Goals, Objectives, Strategies and Performance Measures

The priorities in this service plan build from previous plans to deliver health care services that are responsive and effective in a system that balances financial sustainability and quality. Underlying these goals is the fundamental principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which drives policy, accountability, service design and delivery.

Goal 1: Support the health and well-being of British Columbians

In collaboration with its health sector partners, the Ministry promotes health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province.

Objective 1.1: Targeted and effective primary disease prevention and health promotion

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population.

Strategies

- Work with health authorities and other partners to continue implementation of *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.
- Work with health authorities, physicians and other partners to continue to implement the *Healthy Families BC Policy Framework*, improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.
- Work with partner ministries in support of the *Memorandum of Understanding – A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC* to support holistic models of healthy child and family development including:
    - Strengthening evidence-based programming for new mothers during the perinatal period.

- Improving resources to support parents in developing parenting skills.
- Improving access to mental health and wellness services, with a strong focus on trauma-informed practices.
- Increasing access to culturally appropriate substance use treatment services in partnership with FNHA's existing services.

- Work with health authorites and other partners to support the commitment to culturally safe health services across the health care system, as per the *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia*.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2015/16 Actual Result*	2017/18 Target	2018/19 Target	2019/20 Target
Percent of communities that have completed healthy living strategic plans	13%	56%	58%	60%	68%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.
*2016/17 year-to-date actual result is not available as of publication date.

Discussion

This performance measure focuses on the proportion of the 161 communities in British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Performance Measure 2: Healthy Schools BC

Performance Measure	2013/14 Baseline	2014/15 Actual Result*	2017/18 Target	2018/19 Target	2019/20 Target
The percentage of B.C. students in grades 3, 4, 7, 10 and 12 who report that at school, they are learning to stay healthy	46%	44%	60%	63%	65%

Data Source: Satisfaction Survey, Knowledge Management Branch, Knowledge Management and Accountability Division, Ministry of Education.
*2014/15 actual result is the most recent available number as of publication date

Discussion

Evidence suggests that over time, a primary prevention and health promotion agenda can help improve the overall health of the population. Accordingly, *Healthy Schools BC*, a key initiative of *Healthy Families BC*, aims to improve student awareness of healthy lifestyles and healthy environments. To help build on prior work and improve performance, the Ministry, in partnership with health authorities and school districts, is re-focusing efforts on targeted programs and curriculum supports that help students learn to be healthy, while also providing comprehensive school health resources for teachers and schools.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia

In order to deliver responsive and effective health care services, the Ministry and its partners continue efforts to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner.

Objective 2.1: A primary care model that provides comprehensive and coordinated team based care linked to specialized services

British Columbia's health care system has been engaged in a collaborative process to look for ways to improve primary and community care. Numerous practice and service delivery innovations and initiatives have been introduced at the practice, health authority, and provincial levels, with the intent of meeting the expanding demand for services due to population demographics. The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and administrators will facilitate better care for all British Columbians, and particularly for those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Continue to support full-service family practice and establish team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with chronic illnesses, moderate to severe mental illnesses, and/or frailty).
- Work with the health authorities to continue to integrate or link family practices with primary care services to create a primary care home for individuals and families to reduce the need for hospitalizations.
- Further develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.

Objective 2.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

Seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence. The development of a primary care home is intended to increase access for frail elderly to coordinated primary and specialist medical care, community outreach services, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services.

Strategies

- Promote community based models of care, including home health monitoring, to ensure continuity of care and integration of services.
- With the advice of B.C.'s Seniors Advocate, improve access to home and community care and focus on increased levels of service to better address the needs of B.C.'s seniors who require these services.
- Continue to advance models and quality standards in residential care for those with complex care needs and/or dementia and their families.
- Continue to provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to services.

Performance Measure 3: Managing Chronic Disease in the Community

Performance Measure	2014/15 Baseline	2015/16 Actuals*	2017/18 Target	2018/19 Target	2019/20 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,194	3,049	3,063	2,942	2,821

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostics & Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.
*2016/17 year-to-date actuals is not available as of publication date.

Discussion

This performance measure tracks the number of people 75 years of age and older with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of health care providers to help manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing. As part of a larger initiative of strengthening community-based health care and support services, health care professionals are working to provide more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible.

Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

While a smaller driver of overall health care costs, mental health and substance use conditions represent a high burden of disease in the population due to the early age of onset for severe mental illness and need for ongoing treatment and support across the life span. The majority of children, youth and adults with mild to moderate mental health and/or substance use issues can be effectively supported or treated through low-intensity, community-based services in order to reduce hospitalizations.

Strategies

- Further develop a cross-system action plan for mental health programs and services to ensure a full continuum of high quality mental health and substance use services within each health authority, and continue to advance appropriate models of care for populations with chronic severe mental illness.
- Work with the ministries of Children and Family Development, and Education to improve child and youth mental health services in the province, ensuring a strong focus on trauma-informed practice and culturally safe services.
- Continue efforts towards improving access to addiction treatment, including implementation of additional addictions spaces in 2017.
- Combat the ongoing opioid crisis by working with health system partners to implement acute and long-term strategies for treatment and prevention, utilizing a range of approaches.

Performance Measure 4: Community Mental Health Services

Performance Measure	2013/14 Baseline	2015/16 Actual Result*	2017/18 Target	2018/19 Target	2019/20 Target
Percent of people admitted for mental illness and substance use who are readmitted within 30 days	14.1%	14.7%	12%	12%	12%

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostics & Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.
*2016/17 year-to-date actual result is not available as of publication date.

Discussion

Primary and Community Care in British Columbia: A Strategic Policy Framework helps to set the Ministry's direction for improving access to a range of services and supports in the community, including for persons with mental health and/or substance use issues. This performance measure contains stretch targets; progress toward achieving those targets will be focused on the increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs to help those with mental health and/or substance use issues receive appropriate and accessible care. The opioid overdose strategy includes additional residential substance use treatment beds that are expected to reduce unplanned hospital admissions.

Recent increases in the number of Assertive Community Treatment and Integrated Care Management teams have resulted in a reduction of the number of annual hospital days for people with severe and complex mental health and/or substance use issues. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Further development of community mental health strategies will build from these efforts.

Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Perioperative care (the period extending from the time of hospitalization for surgery to the time of discharge) has changed, given advances in technology and techniques that have led to less use of inpatient beds and increased use of outpatient day surgery. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. This requires improved coordination between hospitals, primary care and other care providers in communities to develop patient pathways for frail seniors that avoid hospitalization.

Strategies

- Improve timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.
- Work with the health authorities to develop and implement a provincial perioperative efficiency plan to optimize existing resources.
- Continue to target improved access to surgical services across the province through directed funding and collaboration with health authorities.
- Ensure a patient-centred approach to surgery booking and wait time management.
- Use technology, performance measurement and financial models to support innovation, quality and coordination in the delivery of surgical services.
- Increase formal coordination, joint planning and operations between the lower mainland health authorities to shape service delivery and referrals to best meet patient needs.

Performance Measure 5: Access to Scheduled (Non-Emergency) Surgery

Performance Measure	2013/14 Baseline	2016/17 Actual Result (at Q2)*	2017/18 Target	2018/19 Target	2019/20 Target
Percent of scheduled surgeries completed within 26 weeks	90%	86%	95%	95%	95%

Data Source: Surgical Patient Registry, Ministry of Health. Includes all elective adult and pediatric surgeries. Notes: Baseline is for surgeries completed from April 1, 2012 to March 31, 2013. Targets are for surgeries completed during the fiscal year.
*Year to date for Q2 as at November 2016.

Discussion
During the last several years, British Columbia's health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest. This measure, and out-year targets, demonstrates the Ministry continued commitment to pursuing ambitious improvements in surgical access.

Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities

Individuals who reside in rural communities tend to have poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural British Columbia are often small, dispersed, and fluctuating. Rural British Columbia is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care.

The Ministry and health authorities will continue to work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

Strategies

- Further develop local community plans for rural and remote communities to create environments that foster healthy behaviours to improve the health of the population.
- Improve access to services through the establishment of regional and provincial networks of specialized care teams.
- Continue efforts to improve timely recruitment and deployment of health professionals to rural and remote communities.
- Improve access to coordinated, comprehensive primary and perioperative services across rural and remote communities.

Goal 3: Ensure value for money

To achieve value for money in health care, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented and managed.

Objective 3.1: A performance management and accountability framework that drives continuous improvement in the health system

An efficiently managed health system ensures resources are spent where they will have the best health outcomes. Such an approach meets the Triple Aim[1] goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance and budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable.

Strategies

- Continue to ensure comprehensive, consistent and standardized reporting on health system performance.
- Enable improved performance of existing services through continued prioritized continuous improvement activities and initiatives across the health sector.
- Drive quality and cost-effectiveness, and coordinate investments in integrated laboratory services through further advancement of the provincial laboratory reform initiative, in collaboration with the BC Clinical and Support Services Society, and the Agency for Pathology and Laboratory Medicine.
- To ensure the provision of medical services in a consistent and standardized approach to support high quality, cost-effective care throughout the province, engage Doctors of BC in discussions regarding value-based approaches to physician payment through the Physician Master Agreement policy re-opener process.

Objective 3.2: Evidence-informed access to clinically effective and cost-effective pharmaceuticals

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. Through Fair PharmaCare, government maintains continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective. This will improve both patient care and value for money in the health system.

[1] Institute for Healthcare Improvement. www.IHI.org.

Strategies

- Provide ongoing delivery of an accessible, responsive, evidence-informed, and sustainable drug program.
- Continued focus on coverage for eligible prescription drugs and designated medical supplies through the Fair PharmaCare plan.
- Continue to leverage programs such as the Low Cost Alternative and Reference Drug Program to achieve the best therapeutic value and price for publicly funded pharmaceuticals.
- Further engage in the Council of the Federation's Pan-Canadian Pharmaceutical Alliance for brand and generic drugs initiatives.

Objective 3.3: Collaboration in the enabling areas of health human resource management, IM/IT and technology infrastructure, and approaches to funding

Effective health human resource management and an integrated IM/IT approach are essential for an efficiently managed health system and ensuring resources are spent where they will have the best health outcomes. Equally as important are corporate service related priorities such as competent communication, governance, management, leadership, alignment and teamwork, innovation and knowledge management, organizational infrastructure and systems (including budget assignment and management).

Strategies

- Enable continued effective health human resources management through an integrated Health Human Resource Framework.
- Support health research and innovation, including the Strategy for Patient-Oriented Research Support Unit, the BC Tech Strategy, and implementation of an Academic Health Sciences Network in order to foster improved patient outcomes and health system performance.
- Continue to modernize the health system through the use of information management and technology, such as electronic medical records, clinical decision support tools, ePrescribing, telehealth, and home health monitoring.
- Ensure an ongoing integrated and cost-effective approach to information management and technology across the health system.
- Review funding models, strengthen cost-management systems, and build reporting capacity to further ensure effective management of funds to achieve patient and service outcomes.
- Expand consolidation of corporate, purchasing and administrative functions to continue to achieve savings and quality improvements across the province.

Objective 3.4: Governance and accountability that aligns with the *Taxpayer Accountability Principles*

Monitoring progress against specified health system priorities is critical to ensuring government direction on strategic, operational and financial requirements and priorities are understood, and all levels of the health system are working toward a common goal.

Strategies

- Continue consultations and working sessions with health authority boards throughout the year led by the Minister to ensure understanding of, and alignment with, government and ministry direction on health system strategic and operational priorities.
- Engage with health authorities to further set clear expectations, including monthly meetings of Leadership Council (the Deputy and Associate Deputy Ministers of Health, along with health authority CEOs) and regular bilateral meetings to address issues of shared interest and to review system performance and financial requirements.
- Build upon existing collaborative processes across the health sector with key partner organizations in order to consult, communicate, and bind the efforts of the sector together.

Resource Summary

Core Business Area	2016/17 Restated Estimates[1]	2017/18 Estimates	2018/19 Plan	2019/20 Plan
Operating Expenses ($000)				
Health Programs				
Regional Services	12,234,276	12,769,710	13,029,714	13,466,280
Medical Services Plan	4,285,998	4,570,177	4,773,827	4,869,011
Pharmacare	1,173,064	1,225,642	1,260,779	1,300,154
Health Benefits Operations	44,298	45,227	46,177	47,147
Vital Statistics	6,390	6,531	6,706	6,706
Recoveries from Health Special Account Service	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	220,898	223,053	224,222	224,127
Health Special Account	147,250	147,250	147,250	147,250
Total	**17,964,924**	**18,840,340**	**19,341,425**	**19,913,425**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Executive and Support Services	3,948	2,566	30	30
Total Capital Expenditures	**3,948**	**2,566**	**30**	**30**
Capital Grants ($000)				
Health Facilities	505,855	460,935	635,423	574,519
Total Capital Grants	**505,855**	**460,935**	**635,423**	**574,519**

[1]For comparative purposes, amounts shown for 2016/17 have been restated to be consistent with the presentation of the 2017/18 Estimates.

*Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates.

Health Authority Income Statement Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's 2017/18 – 2019/20 Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Description	2016/17 Forecast	2017/18 Budget	2018/19 Plan	2019/20 Plan
Health Authorities and Hospital Societies – Combined Income Statement ($000)				
Total Revenue[1]	14,161,000	14,352,000	14,707,000	15,086,000
Total Expense[2]	14,161,000	14,352,000	14,707,000	15,086,000
Net Results[3]	0	0	0	0

[1] Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

[2] Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

[3] The 2016/17 forecast is based on third-quarter board approved information provided by the health authorities, hospital societies and BC Clinical and Support Services Society, adjusted for inter-entity transactions between these agencies.

Major Capital Projects

Major Capital Projects (over $50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
Queen Charlotte/Haida Gwaii Hospital Construction on the new Queen Charlotte Hospital completed in September 2016 and patients moved in November 16, 2016. The existing hospital will be demolished to make way for parking. The new Queen Charlotte Hospital replaces an aging facility and consolidates health services into one location. The facility consists of 17 beds in a 2-storey, 5,000 square metre Leadership in Energy and Environmental Design (LEED) Gold facility. The new hospital will provide adequate space to enable client-focused care delivery, as well as specialized care services such as low-risk maternity, obstetrics, and cancer care. The capital cost of the project is estimated at $50 million and is cost shared with the North West Regional Hospital District. For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2012/qch-replacement-project-capital-plan.pdf.	2016	44	6	50
Royal Inland Hospital – Clinical Services Building Construction of the Clinical Services Building complete in spring 2016, followed by commissioning and move-in summer 2016. The new 6-storey structure will improve patient flow and access to services, improve site access (vehicular and pedestrian), improve patient care experience and support enhanced education and its integration with the clinical environment. The capital cost of the project is estimated at $80 million and is cost shared with the Thompson Regional Hospital District. For more information, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx.	2016	53	27	80

Major Capital Projects (over $50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
Royal Inland Hospital – Patient Care Tower A new 107-bed patient care tower at Royal Inland Hospital in Kamloops will improve patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms and expanding the existing emergency department. Construction of the new patient care tower is expected to start in 2018 and be open to patients in 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2024.	2024	–	417	417
North Island Hospitals The North Island Hospitals Project includes a new 95-bed, 4-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, 5-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction is scheduled to be completed in spring 2017, followed by commissioning and patient occupancy in fall 2017. The new hospitals will enhance the quality of care for patients, increase capacity to meet the population's growing and changing needs, improve access to services for all northern Vancouver Island communities, and increase safety for patients and staff. The project will also increase acute care capacity with safe and efficient facilities, improve the ability of the Vancouver Island Health Authority to recruit and retain physicians and other health care professionals, and increase the opportunity to introduce new services to the communities. The capital cost of the project is estimated at $606 million. The Comox-Strathcona Regional Hospital District is contributing approximately $238 million, with the balance provided by the Province. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf.	2017	477	129	606

Major Capital Projects (over $50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
Interior Heart and Surgical Centre The Interior Heart and Surgical Centre project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The IHSC building opened in September 2015and renovations to the final existing building, Strathcona, will continue until 2018. The project will improve patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and improve health service delivery and patient flow at Kelowna General Hospital. The project will also feature capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is estimated at $381 million. The Central Okanagan Regional Hospital District is contributing approximately $85 million with the balance provided by the Province. For more information, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx	2018	273	108	381
Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre Construction on the 100-bed, 8-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre is scheduled to be completed in spring 2017, with patient occupancy planned for summer 2017. The centre will create seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidate services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project will result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient outcomes. The capital cost of the project is estimated at $82 million. The Vancouver General Hospital and UBC Foundation contributed $25 million to	2017	51	31	82

Major Capital Projects (over $50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
the cost of the project, including $12 million from the Segal family. For more information, please see the website at: http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre.				
Vancouver General Hospital – Jim Pattison Pavilion Operating Rooms (OR) The Vancouver General Hospital OR project will modernize the operating rooms to create appropriately-sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital OR renewal project includes construction of 16 new ORs and a 40-bed perioperative care unit. The $102 million project will enable Vancouver General Hospital to increase the number of surgeries performed and to reduce the cancellation rate for scheduled cases. The project is scheduled to begin construction in 2018 and to be complete in 2021.	2021	–	102	102
Children's and Women's Hospital Redevelopment The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is now complete and included expansion of the – neonatal intensive care unit (NICU) by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building. The second phase of the project is currently underway and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The TACC is planned to open for patients in November 2017.	2019	421	257	678

Major Capital Projects (over $50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. The capital cost of the project is estimated at $678 million, including a $150 million contribution from the BC Children's Hospital Foundation. For more information, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.				
Patient Care Tower – Penticton Regional Hospital The Patient Care Tower project will proceed in two phases. Phase one construction of the new 26,155 square metre Patient Care Tower (PCT) started in April 2016 and includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT is planned to open to patients in spring 2019. Phase two will involve renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at $312 million. Costs are shared between Government, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.	2021	43	269	312

Major Capital Projects (over $50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2014/capital-project-plan-penticton-regional-hospital.pdf.				
Royal Columbian Hospital Phase 1 of the Royal Columbian Hospital redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 per cent, and eliminate the current risk of power systems failure with a post-disaster building. The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016, with construction expected to start in early 2017. The capital cost of the project is estimated at $259 million. The Royal Columbian Hospital Foundation is contributing $9 million with the balance provided by the Province. For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2015/capital-project-plan-royal-columbian-hospital.pdf.	2019	7	252	259
Centre for Mental Health and Addictions Planned to open in 2019, the new 105-bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. The new facility will be a more therapeutic space for those living with complex mental-health challenges and substance-use issues. The capital cost of the project is estimated at $101 million with funding provided by the Province.	2019	1	100	101

Significant IT Projects

IMIT Project (exceeds $20 million in total or $10 million in one fiscal year)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project ($ millions)
Clinical and Systems Transformation The primary purpose of the Clinical and Systems Transformation Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care. The vision of this integrated system is "One Person. One Record. Better Health". The most significant benefit to patients and the care delivery process is in relation to the reduction of adverse events associated with a hospital stay. The ten-year total cost of ownership (TCO) for the project is projected to be $842 million, composed of a $480 million capital and $362 million operating cost component. This TCO includes expenditures on the installation and implementation of the new system and related maintenance and support costs for the ten-year period.	2023	180	300	480

Appendix A - Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)
PO Box 9639 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-800-663-7867
In Victoria: 250-387-6121

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia V8W 9E3
Toll free in B.C.: 1-800-663-7100
Lower Mainland: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia V8W 9P2
Toll free in B.C.: 1-800-663-7100
Lower Mainland: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)
By phone: 8-1-1
For hearing-impaired assistance call 7-1-1

Ministry of Health – Seniors Advocate
(www.seniorsadvocatebc.ca)

Ministry of Health – Healthy Families BC
(www.healthyfamiliesbc.ca)
Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer
(www.health.gov.bc.ca/pho/)
PO Box 9648 Stn Prov Govt
Victoria, British Columbia V8W 9P4
In Victoria: 250-952-1330

Patient Care Quality Review Board
(www.patientcarequalityreviewboard.ca)
PO Box 9643 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email:
contact@patientcarequalityreviewboard.ca

Vital Statistics Agency (www.vs.gov.bc.ca)
PO Box 9657 Stn Prov Govt
Victoria, British Columbia V8W 9P3
Toll free in B.C.: 1-888-876-1633
In Victoria: 250-952-2681

British Columbia's Health Authorities

Fraser Health Authority
www.fraserhealth.ca

Interior Health Authority
www.interiorhealth.ca

Northern Health Authority
www.northernhealth.ca

First Nations Health Authority
www.fnha.ca

Provincial Health Services Authority
www.phsa.ca

Vancouver Coastal Health Authority
www.vch.ca

Vancouver Island Health Authority
www.viha.ca